Enquiry into theft of documents from ASMS

1870. SHRI S. RAMACHANDRAN PILLAI:
SHRI E. BALANANDAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that some documents were stolen from the All India Institute of Medical Sciences on 14th December, 1997;

(b) if so. whether the issue had been handed over to crime branch for probe;

(c) if so, the findings of the enquiry; and

(d) if not, the reaons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHILMALAI): (a) The Institute have reported that on the night of 14th December, 1997, some offices in the Administrative Block had been ransacked. Scrutiny of the papers did not reveal any apparent loss of documents/ files.

(b) to (d) The Institute reported the matter to the Police Authorities who investigated the matter. The Institute has been asked to check with the Police Authorities as to whether or not the matter has been transferred to Crime Branch.

Fall in Allocation for Public Health

1871. SHRIMATI VEENA VERMA: Will the Minister of HELATH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that allocation for public health had fallen from 3.3% in the First Five Year Plan to 1.74% in the Eighth Plan, when the Country's population has increased from around 35 crores to 95 crore; and

(b) if so, the number of people for whom health facilities are beyound reach at present and those who have no access to sanitation and safe drinking facilities?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) In the First Five Year Plan period, Health, Family Welfare, and Water Supply and Sanitation were all assigned resources collectively, under Public Health. Sebsequently over the next' four Plan periods, Family Welfare, Water Supply and Sanitation Programmes have been implemented through separate Departments. Therefore, comparison with outlays on Public Health between the First Plan and Eighth Plan, periods is not practical. However, in the Eighth Plan, the outlays on Health, Family Welfare, and Water Supply and Sanitation were respectively 1.7% 1.4.% and 3.8% of the Public Sector outlay.

(b) There is a vast network of Sub-Cetres, Primary Health Centres and Community Health Centres, Which cater to the Health needs of people in Rural Areas. Most of the Services are offered at free of cost or nominal rates, and are within the reach of the public.

As per information available in Economic Survey 1996-97, percentage of population covered with safe drinking water and sanitation facilities is given

		Percentage coverage (As on March 31, 1996)
(i)	Drinkins Water Supply	: 82.00
	Rural	: 85.00
	Urban	
(ii)	SaniUtion Facilities	: 4.64
	Rural	: 50.00
	Urban	

Fragile Health care Infrastructure in the Country

1872. SHRI WASIM AHMAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the recent study conducted by the Indra-

prastha Apollo Hospital revealing that the country has fragile health care infrastructure and that the infant mortality rate is the highest and the life expectancy the lowest in the country;

(b) if so, the details thereof;

(c) how does the health care infrastruc ture in the country compare with the developing countries; and

(d) the steps being contemplated by Government to bring overall improve ment in the country's health care infras tructure?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) and (b) The Study was conducted for Indian Health Care Federation, in which inter-alia, the gaps in the availability of Medical and Para Medical Personnel, Hospital Beds, etc., have been indicated and comparison drawn with Health Indices prevaling in India vis-a-vis other Countries. The measures suggested for improvement of the Health Sector, inter-alia, include encouraging foreign direct investment, increased (private) par-ticipation in the health care, exemption of import of some medical equipments from Custom Duty, incentives to private sector for initiating Medical Education and Research.

(c) A statement showing status of health infrastructure in selected developing countries is given. *(See below).*

(d) A vast Network of 1,36,339 Sub-Centres 22,010 PHCs and 2,622 CHCs exists in the Country. The efforts is to provide coverage for 30000 population, to be covered by a Primary Health Centres, Improve referrals to Community Health Centres & District Hospitals. Projects for Infrastructure Development in the Health Sector are under implementation in four States of Andhra Pradesh, Punjab, West Bengal and Karnataka and further Projects are at various stages of formulation and negotiations. External Assistance has been availed of for these Projects. Further, under the National Programmes for Blindness control, Tuberculosis, Leprosy, AIDS and Malaria, development of specific infrastructurer relevant to each Programme is envisaged. Initiatives have been taken to involve the Private Sector and they are contributing in the establishment of Medical and Para-Medical Educational Institutions, which help augment the health-manpower.

Statement

Health infrastructure in selected developing countries

Country	Doctor per 1000 population 1988—92*	Nurse-to-doctor ratio 1988—92*	Hospital beds per 1000 Population 1985—90*
India	0.41	1.1	0.7
China	1.37	0.5	2.6
Bangladesh	0.15	0.8	0.3
Sri Lanka	0.14	5.1	2.8
Indonesia	0.14	2.8	0.7
Philipines	0.12	3.1	1.3
Thiland	0.20	5v5	1.6
Malaysia	0.37	3.9	2.4

* Each value refers to one particular but not specified year within the time period denoted. SOURCE: World Development Report, 1993.